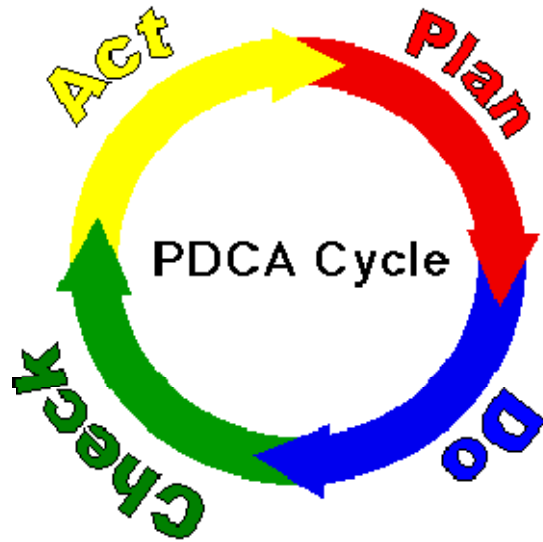


QUICK GUIDE TO QUALITY ASSESSMENT/ PERFORMANCE IMPROVEMENT (QAPI)

1. Identify strategies to develop and implement their QAPI program
 - Overall goal:
 - Your organization, from board to bedside, should be aimed at providing patient centered care
 - In an environment that promotes and demonstrates measureable improved outcomes for all patients and families.
2. Prepare your governing board
 - The Board takes the leadership role in ensuring quality is addressed and improved including:
 - Setting expectations for patient safety
 - Defining, maintaining, implementing an ongoing program for quality program
 - Reviewing 360 quality assessment
 - Setting priorities for areas for improvement and safety
 - Approving policies and procedures for QAPI efforts
 - Reviewing and acting on hospice-wide quality and safety indicators
 - Providing evidence that the board is involved and leading quality
 - Structures and processes are in place to ensure the board's involvement in QAPI is vital and documented?
 - Board by-laws and the organization's charter should clarify the board's role in quality for the organization
 - Board job descriptions should address individual member's responsibilities for quality improvement activities.
 - Board minutes and agendas should reflect that quality objects and tasks have been raised, discussed and approved.
 - A flow chart/organizational chart should be available that shows the organization's flow of quality assessment, identification of problem areas, prioritization of improvement projects, doing improvement projects, results through the Board and staff of the organization.
 - Position descriptions for the board include references to roles and responsibilities for patient safety, quality assessment and performance improvement including descriptions for:
 - Oversee and maintain overall responsibility for a patient safety and quality assessment and performance improvement program for the organization.
 - Review quality outcomes, oversee the selection and results of performance improvement projects and prioritize areas for improvement.
 - Ensure sufficient resources are deployed for a successful QAPI program.
3. Design and Complete a Comprehensive 360⁰ Review of your agency

- Assessment must look at:
 - Palliative outcomes
 - End of life support systems
 - Adverse patient events
 - Other aspects of performance including
 - Services furnished under contract or arrangement.
4. Use NHPCO's Quality Partners Self Assessment System
 - Available to all NHPCO members
 - Based on NHPCO Standards of Care
 - Identify areas for improvement
 - Gives benchmarking info for state and national comparison
 - **COMING SOON!** (New version will crosswalk with other JCAHO, CHAP, ACHC accreditation standards)
 5. Prioritize Areas for Improvement
 - Review assessment results (with Board)
 - Identify areas for improvement
 - Compare identified areas for improvement with directions to focus on high risk, high volume, problem prone and safety areas
 - Consider priority areas for improvement in light of the Board's goals for the year
 - Prioritize and begin improvement projects
 6. Begin Performance Improvement Projects
 - Identify the area for improvement
 - Write a SMART Aim statement
 - Choose from available outcome measures (or use your own depending on the area for improvement)
 - Identify changes you will TEST to see if they result in improvements based on best practices
 - ★ **Specific, measureable, achievable, realistic and time-bound**
 7. Performance Improvement Project
 - Choose process measure(s) to see how well change is really being used
 - Begin PLAN-DO-CHECK-ACT (PDSA) cycles
 - Test change(s) in different settings and under different circumstances
 - Measure and graph outcomes
 - Document your project including the team members, meetings, PDSA cycles and results.



8. Performance Improvement Project

- CMS wants to see improvement!
- If you are not getting improvement with the changes you are trying, then you need to test other strategies to be able to demonstrate improvement in palliative care outcomes.

Example:

Hospice of the Good Intentions – Process Improvement Project #1

- Family Evaluation of Hospice Care results show family confidence is currently at 65% for the last two quarters
- Board is focusing quality projects on improving the family experience with hospice care
- Staff feels that if family were more confident about what to do, they would have better patient results

Aim Statement

- **By April 2008, 85% of individuals will respond that they were very confident with changes in their family member's condition that might have arisen between visits when asked on a call made the month after the family member's death.**

SMART

- ✓ Specific
- ✓ Measureable
- ✓ Achievable
- ✓ Realistic
- ✓ Time-bound

Outcome measure

Expressed as a fraction:

of responders who answer very confident

of responders to the telephone survey

Changes Tested

- Ask on each visit: What can we do to help you feel more confident that you're ready for whatever may come up and how to respond to it?
- Provide staff in-service and rehearsal on talking about confidence to families

Process measure #1

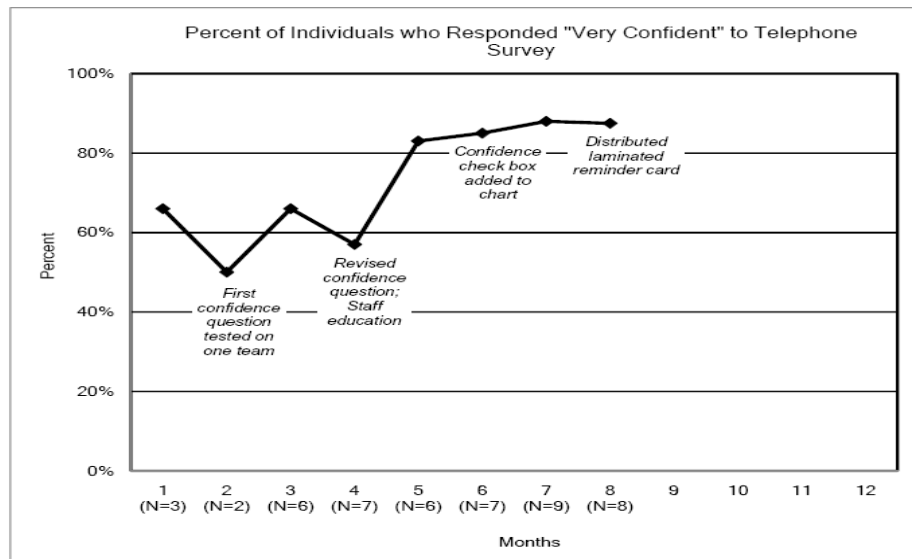
of times the confidence question was asked

of visits made

Process measure # 2

of staff who respond that they feel knowledgeable and comfortable with confidence issues

of staff who respond to the survey



Review current job descriptions for "quality content"

CEO:

- Allocate resources (time, schedule flexibility, technical experts if needed) to the staff to carry out QAPI program.
- Communicate Board's QAPI goals to the staff and stay informed of progress and outcomes of QAPI projects.

- Support the QAPI agenda and demonstrate interest, encouragement and enthusiasm for QAPI teams to all staff.
- Remove barriers to success.
- Take overall responsibility to lead and manage change.

QAPI Coordinator/QA Staff: Staff whose primary responsibility is enacting the quality agenda for the organization.

- Gather and work with others to analyze organization wide data and report to CEO or designee.
- Assist with identifying areas for improvement and report to CEO in a systematic way.
- Turn quality agenda into specific goals, teams and projects.
- Teach hospice staff a quality improvement system (Model for Improvement). Ensure that projects use methodology as taught.
- Work with improvement teams to set aims, outcome measures, help identify changes to test, process measures and help team with PDSA cycles until desired outcome is achieved.
- Post results of team improvement projects and communicate progress to senior leaders and staff on a regular basis.
- Provide technical improvement skills and coaching to teams as needed.
- Ensure that team is documenting progress and activities.

Medical Director:

- Act as a champion for quality improvement, taking an active role in quality improvement teams when improving medical practice and/or interdisciplinary practice affect patient or organizational outcomes.
- Act as a liaison with other physicians towards changing for improvement and
- Provide content knowledge expertise s requested for better practices for patient care.

Hospice Staff:

- Act as improvement team members.

- Identify and report areas for improvement and concerns for safety of patients, family and staff.
- Suggest alternative ways of intervening that may improve outcomes based on knowledge and familiarity of situations.
- Recognize that quality improvement is part of everyone's job responsibilities.
- Stay abreast of performance improvement projects and their outcomes.

Review your most recent past quality projects and determine what you will need to change in order to meet the new QAPI requirements.

Answer: If "yes" is the answer to the following questions, you are QAPI ready for PIPs.

- Was the project selected as a result of system wide quality assessment reviewed and approved by the Board?
- Were stakeholders and those affected by the change included in the improvement team?
- Were aim, measures, changes, and PDSA cycles documented and displayed for others to see?
- Were tests of change done?
- Was performance improved?
- Did you meet your aim within the timeframe you predicted?
- Were the results reported to the board and other stakeholders?
- Have the successful changes that helped you reach your outcome been implemented, documented and spread throughout your organization?

Resources & References

- National Hospice and Palliative Care Organization
 - www.nhpco.org
 - We Can Do It – an NHPCO publication
 - <http://iweb.nhpco.org/iweb/Purchase/SearchCatalog.aspx>
 - NHPCO Quality webpage
 - <http://www.nhpco.org/quality>
 - NHPCO Self Assessment System
 - <http://www.nhpco.org/i4a/pages/Index.cfm?pageID=4990>
 - NHPCO Regulatory & Compliance Center\ul style="list-style-type: none;"> - <http://www.nhpco.org/i4a/pages/index.cfm?pageid=3351>
- Proposed Medicare Hospice Conditions of Participation
 - <http://www.nhpco.org/i4a/pages/index.cfm?pageid=4574&openpage=4574>
- Centers for Medicare & Medicaid Services
 - <http://www.cms.hhs.gov/>
- CMS - <http://medqic.org/> identifies possible outcome measures for domains of care
- Institute for Healthcare Improvement (IHI)
 - www.IHI.org